

Confirmed Seropositive HIV Test Follow-up

Standing Order in N.C. Board of Nursing Format

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order to create a customized standing order exclusively for your agency.

Print the customized standing order on agency letterhead. Review standing order at least annually and obtain medical director's signature.

Standing order must include the effective start date and the expiration date.

Assessment

Subjective Findings

- Client presents for positive HIV test results
- Usually asymptomatic physically
- Usually anxious and stressed

Objective Findings

Clinical documentation of at least one or more of the five (5) findings below:

1. reactive western blot for HIV
2. HIV nucleic acid (DNA or RNA) detection test (e.g., polymerase chain reaction [PCR])
3. HIV p24 antigen test, including neutralization assay
4. HIV isolation (viral culture)
5. two reactive rapid antigen HIV test (oral or blood)

Plan of Care

Implementation

A registered nurse employed or contracted by local health department and who has completed a Center for Disease Control and Prevention (CDC) approved HIV Counseling, Testing and Referral training as well as basic TB skin testing (TST) training may perform the following:

1. apply an intradermal Mantoux Skin Test (TST) assess possible TB infection
2. order RPR for syphilis if not tested within the past 30 days
3. review and stress the importance of HIV control measures, give newly diagnosed client a copy of HIV control measures while maintaining a signed copy. HIV control measures can be found in [10A NCAC 41A .0202](#)

Nursing Actions

A. Provide client-centered HIV and STD counseling, education and referrals to include verbal and written information.

1. Assure health care provider who ordered test is present and provides client-centered counseling when giving positive test results, if properly trained. If provider is not properly trained, try to assure provider is available to introduce counselor who will be providing test results, counseling and referrals. Disease Intervention Specialist (DIS) should not provide HIV positive test results unless they are the ones who obtained original test as part of anonymous partner notification or the local health department has attempted to contact the client to return to clinic without success
2. Contact regional or local DIS to assure continuity of informing client of positive test results. Arrange, if possible, for DIS to be available in clinic when client return for results
3. Inform client of DIS role regarding anonymous partner notification. If possible, introduce regional or local DIS to client after providing post-test counseling.
4. Provide active referral for medical follow-up with primary care or infectious disease physician.
[list local providers, contact information, and procedure for referral of new client]

B. Additional Instructions

1. make appointment for client to return for TST reading either 48 or 72 hours after placement.
2. if applicable, arrange for provider to call or client to return to clinic when Serological Test for Syphilis (STS) results return

C. Criteria for Notifying the Medical Provider

1. consult with health department medical director or medical provider if any of the following conditions are present:
 - Patient exhibits signs of mental health crisis.

2. contact health department medical director or medical provider if there is any question about whether to carry out any testing or other provision of the standing order

D. Follow-up requirements:

1. assure health department has procedure in place to assure quick identification and follow up of all newly diagnosed HIV positive clients
2. read TB skin test in 48 to 72 hours
3. refer to TB clinic for preventative therapy if TST measures 5 mm or more
4. investigate all reactive STS and treat as indicated in accordance with Syphilis standing orders
5. assure notification of DIS of positive HIV, TST or STS
6. assure newly diagnosed client has copy of HIV control measures

Approved by: _____ Date approved: _____
Local Health Department Medical Director

Reviewed by: _____ Date reviewed: _____
Director of Nursing/Nursing Supervisor

Effective Date: _____
Expiration Date: _____

Legal Authority: Nurse Practice Act, N.C. General Statutes 90-171.20(7)(f)&(8)(c)